# SPOKEN LANGUAGE BROKERED INTERPRETER SERVICE APPOINTMENT RECORD
## INSTRUCTIONS

**Please Note: Some DSHS administrations may place restrictions on completion of sections of this form due to confidentiality requirements.**

The interpreter services broker must assign the broker name, control number, and interpreter agency/independent to the sections listed at the top of the page.

### SECTIONS 1 THROUGH 10 ARE DETERMINED BY THE BROKER AND REQUESTER.

Section 1.   Check the box identifying which DSHS administration/division requested an interpreter for a client appointment. For MAA Division of Client Support, be sure the medical provider requester is providing an MAA covered service. For DSHS divisions where there is an asterisk (*), the Requester must notify the Broker which Program Index and Allocation Code to use to ensure accurate billing.

Section 2.   Enter the name and title of the person who requested an interpreter. The requester must be a DSHS staff person, medical provider, or DSHS contract service provider authorized to initiate an interpreter service appointment. Be sure there is sufficient detail in this section to enable the interpreter to locate the Requester. Complete the other boxes in the section, including the date the request for the appointment is made. For DSHS staff, enter the Organizational Index Code for your agency/organization.

Section 3.   Enter the address where the appointment is scheduled. Include any room, office number, or facility name.

Section 4.   Enter the client's name except for DASA clients. Confidentiality requires use of the DASA approval number.

Section 5.   Indicate the gender of the client.

Section 6.   Enter the Patient Identification Code (PIC) for medical appointments. Be sure the number matches the one on the DSHS issued card. Enter the client's Social Security Number in the Client ID number section for Division of Disability Determination Services appointments. Enter the Client Identification number assigned by DSHS for all other clients.

Section 7.   Enter the client's telephone number, including area code.

Section 8.   Enter the client's language. Be sure the interpreter requested speaks the same language.

Section 9.   Enter the date of the appointment (for appointments that are not based on a block of time). Check the appropriate box for the type of appointment. Enter the time the appointment is scheduled to start, i.e., the time the interpreter is requested to arrive, and the approximate time the appointment is expected to end.

Section 10.   Same as Section 9 above; except this section applies only to blocks of time. This section does not apply to Medical Assistance Administration (MAA) clients.

### SECTIONS 11 THROUGH 16 ARE COMPLETED BY THE INTERPRETER.

Section 11.   Print the interpreter's complete name.

Section 12.   Enter the address from which the interpreter left to come to this appointment (origin); and the address of the appointment (destination). If this is the interpreter's last appointment, enter the address of their final destination (FINAL DESTINATION, IF APPLICABLE).

Section 13.   Based on Section 12 above, enter the number of miles to the appointment. If it is the last appointment of the day, enter the number of miles from the appointment to the final destination.

Section 14.   Enter the mileage from Section 13 when it exceeds 30 miles one way. (Do not complete this section for non-reimbursable mileage.)

Section 15.   Complete this section when the appointment is finished. Enter the date of service. Enter the time the interpreter actually arrives. Enter the service start time. Enter the actual time the service is completed, i.e., the requester no longer needs an interpreter for the client. The time between the service start time or the time the interpreter arrives, whichever is later, and the service completion time is the total billing time. Round up to the nearest one/fourth hour.

Section 16.   The interpreter signs and dates this section.

### SECTIONS 17 THROUGH 19 ARE COMPLETED BY THE REQUESTER.

Section 17.   Check the "Yes" or "No" box, whichever applies, regarding completion of the interpreter service. If "no," explain in the comments section. Then, for medical appointments, check the "Inpatient" or Outpatient" box, whichever applies.

Section 18.   The person who signs and dates here represents the requester and validates the interpreter service has been provided; or explains why it was not provided. The person should also print their name and indicate their title or position.

Section 19.   Add any comments you choose, especially for any section already completed that is not self-explanatory. This section may also be used to note any disagreement between the interpreter and the requester or to show satisfaction with the services received. Select DSHS programs, by prior agreement, may pay for no shows under certain circumstances. If additional space is needed, attach additional sheets.